MASSACHUSETTS UNIFORM APPLICATION FOR PERMIT TO DO GASFITTING (Print or Type) Date , Mass. City, Town Permit #____ Owner's Building Name____ AT: Location Type of Occupancy: New [Renovation Replacement Plans Submitted Yes No BURNERS VENTED ROOM HTRS. DIRECT VENT HTRS. HEATING BOILERS GAS GENERATORS WATER HEATERS ROOF TOP UNITS RANGES UNIT HEATERS POOL HEATERS LABORATORY CONVERSION FURNACES GRILLES HEATER DRYERS OVENS SUB-BSMT. BASEMENT **1ST FLOOR** 2ND FLOOR 3RD FLOOR 4TH FLOOR 5TH FLOOR **6TH FLOOR** 7TH FLOOR 8TH FLOOR (Print or Type) Check One: Certificate Installing Company Name _____ Corp. _____ Partnership _____ Firm/Company _____ Business Telephone _____ Name of Licensed Plumber or Gasfitter I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Gas Code and Chapter 142 of the General Laws. I have informed the owner or his agent that I do not have liability insurance including completed operations coverage. Signature of Owner/Agent I have a current liability insurance policy to include completed operations coverage. By . TYPE LICENSE: ---Signature of Licensed Plumber Title ____

☐ Gasfitter

☐ Master

☐ Journeyman

Plumber or Gasfitter

License Number

FORM 1243 A.M. SULKIN CO.

1989

City/Town ____

APPROVED (OFFICE USE ONLY)